

Medication Policy

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Review Sheet

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Within 12 Months

Policy Owner

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Relevant Legislation

- The Care Act 2014
- Equality Act 2010
- Human Rights Act 1998
- Mental Capacity Act 2005
- The Health and Social Care Act 2008 (Regulated Activities) (Amendment) Regulations 2015
- Medication Act 1983
- Medicines Act 1968
- Misuse of Drugs Act 1971
- The Misuse of Drugs (Safe Custody) Regulations 1973
- The Misuse of Drugs and Misuse of Drugs (Safe Custody) (Amendment) Regulations 2007
- The Pharmacy Order 2010

Introduction

The purpose of this policy is to outline key points and responsibilities regarding medication management. This policy should be used alongside Tudom Care Limited's medication procedures which provides further detail and support to the implementation of this policy.

To describe the ways in which clients may be safely assisted with managing their medication that promotes choice, independence, dignity and respect.

To comply with regulatory and legislative requirements, best practice recommendations, guidance and professional codes of practice.

To describe the procedures involved in delivering medication support and the responsibilities of the staff.

To support Tudom Care Limited in meeting the following CQC Key Lines of Enquiry

- SAFE: Making sure service users and staff are always safe
- CARING, we provide a committed service that is caring of everyone
- EFFECTIVE, continuously reviewing our policies and the service we are providing
- RESPONSIVE: We are proactive and actively listening to our service users and staff and taking both negative and positive criticism to continue to improve our service
- WELL-LED: ensure we have the right procedures and processes in place to continuously monitor our service and systems. Ensuring high-quality service is always provided. Staff are completing all training in a timely manner and that all staff are up to date with training and have correct and up to date qualifications to perform their job role effectively

Tudom Care Limited will also ensure it follows the guidance of the National Institute for Health and Care Excellence whilst adhering the their Quality Standards, including the 6 rights of medication administration, namely:

- The right medicine
- The right reason
- The right person,
- The right dose,
- At the right time
- Via the right route or method

Regular training will be required for each staff member to ensure these standards are held and the necessary level of competency is in place.

Medication Management Principles

Person-centred principles

- Every service user has the right to manage and administer their own medication if they wish to and the agency recognises this by providing support to enable safe self-administration wherever possible. Encouraging self-medication promotes the independence and autonomy of service users and will enhance their dignity and privacy.
- However, some service users may not wish to manage their own medication and others may be unable to even if they wish.
- The choices made by service users — eg to administer and manage their own medication — are always respected by staff and recorded in the plan of care.
- No assumption is made that a service user cannot self-administer their medication purely on the basis of their condition or mental capacity.
- Service users who are suspected to be lacking capacity are assessed in line with the “best interest” principles of the Mental Capacity Act 2005. Where a service user can be enabled to self-medicate with additional support, or where they can self-administer parts of their medication, such support is provided.
- Staff provide appropriate support to any service user who wishes and is able to take all or some of their own medication.
- Medication is only ever administered to a service user on the basis of their explicit consent or agreement to take the medication except where “best interests” decisions have been taken as a result of a person’s mental incapacity.

Agreements made

- All new service users will have their health and social care needs fully assessed and any need for help with the collection or administration of medication identified. This will often be done jointly with healthcare professionals who might also be providing care and support.
- Any request for support from staff identified within a care plan is discussed with managers or nurse consultants (either employed by the agency or health services) before being implemented to ensure that the role being requested is appropriate and can be performed safely and competently by the agency’s care workers.
- The service will always work in partnership with the health services and professionals also involved with its service users, and the local authority where involved as commissioners and regarding any safeguarding issues.

- No staff member should proceed with the administration of medicines (including tablets, liquids and creams) unless they have the explicit agreement of the service user and their nurse consultant or manager and this has been entered in the plan of care.
- Any staff member who is unsure of what to do regarding medication in any given situation should contact their nurse consultant or manager immediately. In all cases where help with medication is required, the explicit consent of the service user is required.
- Care staff providing medicines support should always ensure that any medication being taken is fit for purpose and safe to administer by following the “6 R’s” described above, and always checking that it has been stored securely, at the correct temperatures, and the contents have not been tampered with.

Medication Reconciliation (Listing of Medicines)

To ensure that the agency contributes fully and effectively, as and when required, to its service users’ safe taking of their medicines, the agency will carry out the following “medicines reconciliation” procedures in co-operation with the other professionals and services involved.

The agency will always ensure that it has the following information prior to any involvement, and keeps it up to date. This information will be particularly important where service users have been prescribed “controlled drugs” and where the service user has been unable to give their consent to the taking of their medicines, resulting in “best interest” decisions being taken about the prescribing, supplying, storing and taking of their medication.

- Person’s details, including full name, date of birth, NHS number, address and weight (where appropriate in relation to their medication needs).
- GP’s details, including previous and current GP, where a change of GP has taken place.
- Details of other relevant contacts who might affect their medication, as defined by the service user and/or their family, members or carers (for example, their consultant, regular pharmacist, specialist nurse).
- Checks of known allergies and reactions to medicines or ingredients, and the type of reaction experienced.
- A list of medicines the person is currently taking, including name, strength, form, dose, timing and frequency, and what it is taken for.

- Information about recent changes to their medication, including medicines started, stopped or dosage changed, and reason for change.
- Date and time the last dose of any “when required” medicine was taken, or of any medicine given less often than once a day (weekly or monthly medicines).
- Other information, including when the medicine should be reviewed or monitored, how it should be kept, and any support the person needs to carry on taking the medicine.
- Checks on what information has been given to the service user and/or family members or carers about their medication.
- Details of any professional responsible for co-ordinating the safe taking of the person’s medication (which might be the service user, carer and/or professional).

Medicines-related Safeguarding

Tudom Care Limited considers that the safety and safeguarding of our service users is paramount. This includes safety from any misuse of medicines by its staff or errors in medicine administration. The service will take all possible action to safeguard its users from such risks, including by explicitly linking its medicines management safeguards with its wider safeguarding of adults’ processes.

Care workers, when responsible for service users’ medicines, are instructed to report and record to the service management all medicines-related incidents, including errors, “near misses” and incidents that might represent a safeguarding risk. Where necessary, these should be reported to the regulator and to local safeguarding authorities.

Immediately after the discovery of any medicines-related safeguarding incident, the service will contact an appropriate health professional to check that suitable action has been taken to protect the health and wellbeing of any service user involved — this will usually be the GP.

The service will include the investigation of all medicines incidents in its wider safeguarding and governance processes, establishing root causes of incidents and monitoring reports for trends. Lessons learnt will be included in a review of the service’s medicines policies and processes, including training for staff.

Service users and/or their family members or carers will be provided with full information about any medicines-related safeguarding incidents caused by the practices of Tudom Care Limited, and about the progress of any investigation. Where indicated it will comply with its duty of candour by issuing a formal apology.

Service users and/or their family members or carers are provided with full information on how to complain about or to report a medicines-related safety incident or any concerns about the service's medication procedures.

Help for Service Users to Take Their Medication

Where it is identified that a person is potentially starting to experience difficulty managing or taking their own medicine the first step should be a comprehensive review of their medicines (medicines review). This review should be carried out by a pharmacist or by an appropriate health professional who is part of a multidisciplinary team. The review may lead to a rationalisation or optimisation of their medication.

If the person is still experiencing difficulty with their medicines after the medicines review, consideration should be given to providing/recommending aids to support the person to take their medicines. This might include the use of aids such as:

- reminder charts
- winged bottle caps
- large print labels
- alarms (such as notifications on mobile phones)
- tablet splitters
- eye drop aids
- inhaler aids
- audible alarms
- monitored dosage systems (MDS) or multi-compartment compliance aids (MCAs)
- telehealth aids, etc.

Multi-compartment Compliance Aids (MCAs) in Adult Social Care, published in May 2022 by the CQC, states that the best system for supplying medicines is one that meets the person's health and care needs. The CQC stresses that interventions should aim to maintain the person's independence wherever possible.

The CQC guidance states that monitored dosage systems (MDS) or multi-compartment compliance aids (MCAs) should only be used in line with current guidance from NICE and the Royal Pharmaceutical Society.

MDS or MCA systems may be of value for some people who have been assessed as having practical problems in managing their medicines.

However, NICE guidance (NG67) states that the use of a monitored dosage system should be considered only when an assessment by a health professional (for example, a pharmacist) has been carried out, in line with the Equality Act 2010, and a specific need has been identified to support medicines adherence.

NICE state that decisions must take account of the person's needs and preferences and involve the person and/or their family members or carers and the social care provider in decision-making.

If an MDS or MCA is to be used then care staff should only administer medicines from an aid that has been prepared by a pharmacy or dispensing practice. Care staff must never fill a dosette box or similar compliance aid for a supported person.

Care Worker Roles in Medication Support

This service recognises the different kinds of support that can be provided for service users who have identified needs in handling their medication.

Providing general support

General support can include:

- requesting repeat prescriptions from the GP
- collecting medicines from the pharmacy or GP surgery
- disposing of unwanted medicines safely, eg by returning them to the supplying pharmacy or GP practice
- providing an occasional reminder or prompt to an adult to take their medicines
- manipulating a container, eg opening a bottle or popping tablets out of a blister pack at the request of the person and when the care worker has not been required to select the medication.

The policy is always to:

- provide general support only with the consent of the service user concerned
- identify the exact nature of the support in the needs assessment
- include what has been agreed in the service user's plan of care
- record all support provided on the medication administration record section of the care plan or separate MAR
- make regular checks that the support provided is as agreed and meeting the person's needs
- review the arrangement regularly as part of the reviewing of the whole plan of care.

Assistance with administration of medication

Any need for medication to be actually administered by staff is identified at the care assessment stage and recorded in the service user's plan. The service user must agree to have the care worker administer the medication and the consent is also documented. If the person is unable to communicate informed consent, the prescriber must indicate formally that the treatment is in the best interest of the individual and comply with the requirements of the Mental Capacity Act.

Medication is only ever administered by a designated, appropriately trained member of staff.

When administering medication staff always:

- check that the medication is written in the Home Care Medical Record or service user plan
- know the therapeutic use of the medication administered, its normal dose, side-effects, precautions and the contra-indications of its use; this is particularly important where the service user is taking a "controlled drug" for which strict protocols should be developed in line with individual circumstances
- make certain of the identity of the service user to whom the medication is being given
- check that the prescription or the label on the medication is clear and unambiguous and relates to the service user in person
- check the expiry date
- check that the service user is not allergic to the medication
- keep clear and accurate signed records of all medication administered, withheld or refused
- ensure that where a service user is taking a "controlled drug" they follow the protocol agreed in the person's care plan (for example, to witness and record in a case of self-medication, or to ensure that the drugs are administered in the presence of at least one other person if involved in the actual administration).

A Home Care Medicines Record (or MAR) is kept in the home of any service user receiving help with medication as part of their care plan.

Any mistake or error in administering drugs must be reported to a parent (in the case of a child), line manager, supervisor or responsible medical practitioner without delay.

Staff must never in any circumstances administer medication that has not been prescribed, give medication to a service user against their wishes, give medication that has been prescribed to another person, or alter in any way the timing or dosage of medications.

If a care worker does not feel competent to administer the medication they should voice their concerns to their line manager. It is important that only staff who are appropriately trained and agree to perform the role administer medication.

Specialised administration

In exceptional circumstances and following an assessment by a healthcare professional, a domiciliary care worker may be asked to administer medication by a specialist technique including:

- rectal administration, eg suppositories, diazepam (for epileptic seizure)
- insulin by injection
- administration through a Percutaneous Endoscopic Gastrostomy (PEG).

Definition of a Medicinal Product

In line with the NICE guidelines (NG67), the agency will keep a separate record within the care plan for all medicines support it provides. The agency ensures through its monitoring and auditing arrangements that the medicines records like the other care records are accurate and kept up to date, and accessible in line with the service user's expectations for confidentiality.

Care workers must record on the appropriate medical administration record chart or in some cases medicines' support section of the care plan, the medicines support given on every occasion together with any other relevant information.

Recording should include details of all the support provided for prescribed and over-the-counter medicines, such as:

- reminding a person to take their medicine
- giving the person their medicine
- recording whether the person has taken or declined their medicine.

If the agency's care workers are responsible for giving any medicines, they are expected to record their actions on a medicines administration record such as one obtained from the supplying pharmacist, or the agency's own, produced to enable all required information to be recorded.

All medicines administration records used will include:

- the person's name, date of birth and, if known, NHS number
- the name, formulation and strength of the medicine(s)
- how often or the time the medicine should be taken
- how the medicine is taken or used (route of administration)

- the name of the person's GP practice
- any stop or review date
- any additional information, such as specific instructions for giving a medicine, including time-specific factors, and any known drug allergies.

According to Medicines Administration Records in Adult Social Care, published in May 2022 by CQC, home care workers should make a record each time they provide medicines support. This must be for each individual medicine on every occasion.

The CQC specifies that both paper-based or electronic medicines administration records must:

- be legible
- be signed by the care home staff or care workers
- be clear and accurate
- have the correct date and time (either the exact time or the time of day the medicine was taken)
- be completed as soon as possible after the person has taken the medicine
- avoid jargon and abbreviations.

The agency will work with family members and informal carers to ensure recording can be as complete as possible. Care staff are required to always check if medicines have been correctly taken at times other than when they are giving them, and to report any concerns.

Monitoring of Medication

Staff should always be aware of the nature of the medication being taken by individual service users and should report any change in condition that might be due to medication or side effects immediately to a child's parent, their line manager or supervisor, or to the GP or community pharmacist.

The agency will work closely with community pharmacy services and with service users' GPs to ensure that they are provided with adequate support and a seamless and integrated service relating to their medication needs, sharing all relevant information on a need-to-know basis with due regard given to service user confidentiality.

Non-compliance with Medication

Tudom Care Limited accepts that there are circumstances whereby some service users will fail to comply with their prescribed treatments. This might include self-medicating service users failing to take their medication as directed or non-self-medicating service users refusing their prescribed medication, or failing to swallow it and then disposing of it.

In such cases, the service is clear that its staff have no right to force non-compliant service users to take their medication, but that staff do have a duty to refer all such occurrences back to the original prescriber, to the service user's GP and/or to the service user's nurse or key worker.

Training

InTudom Care Limited:

- All new staff will receive training as part of their induction covering basic information about common medicines and how to recognise and deal with medication problems. Those who will be involved in medicines administration in people's homes will have additional training to the level required by their roles and responsibilities.
- All training will reflect up-to-date evidence-based guidelines.
- Only staff who have been assessed as sufficiently skilled and competent will be designated to administer medicines.
- In order to be considered competent staff must attend appropriate training and be assessed as competent. Staff who have been assessed but who do not have the skills to administer medicines, despite completing the required training, will not be allowed to administer medicines to service users.
- Care staff will be expected to attend refresher training and additional training as required.
- Access to additional training will be supported for those fulfilling any enhanced role.
- Up to date records will be kept of all medicines administration training.
- A register will be kept of designated staff.
- Staff should never undertake any duties or roles that they have not been trained to do or for which they do not feel competent.

Schedule 1 - Training Objectives

Understanding legislation, policy and procedures

- Identify current legislation, guidelines, policies and protocols relevant to the administration of medication in home care settings
- Outline the legal classification system for medication
- Explain how and why policies and procedures or agreed ways of working must reflect and incorporate legislative requirements
- Understand the requirements of Controlled Drugs in relation to the role of the care worker

Understanding of common types of medication their uses, and when these may be appropriate for individuals with specific conditions

- Describe common types of medication including their effects and potential side effects
- List conditions for which each type of medication may be prescribed
- Understand the additional precautions required when giving “high-risk” medicines

Understanding the roles and responsibilities of the care worker in the use of medication in home care settings, and how to safely support and promote the rights of the individual when managing medication

- Explain the importance of consent, confidentiality, dignity and privacy in the use of medication
- Recognise the level of support a service user requires with medication, and the use of risk assessments and care plans to support these needs
- Be aware of the role and limitations of a care worker with regard to medication
- Have an awareness of the religious and ethical beliefs that may affect the way that service users use their medication
- Explain where responsibilities lie in relation to use of “over the counter” remedies and supplements

Understanding how to safely support the use of medication

- Promote and support service users to self-administer or actively participate in their medication taking, considering hygiene, safety and dignity

- Be aware of equipment that can support self-administration of medication
- Demonstrate strategies to ensure that medication is used or administered correctly
- Demonstrate how and when to access further information or support about the use of medication
- Refer service users to sources of help for healthcare concerns

Show the ability to safely receive, store and dispose of medication

- Describe the roles and responsibilities of those involved in prescribing, dispensing and supporting use of medication
- Understand how service users obtain medication and the care worker role in this process, and how medication supplies are received – minimising medication waste
- Explain how to store medication safely
- Describe how to dispose of un-used or unwanted medication safely
- Understand what happens to medication following the death of a service user

How to record and report on the use of medication

- Identify the required information from prescriptions/medication administration charts
- Understand the need to record tasks on the relevant paperwork for support with medication
- Demonstrate how to record use of medication and any changes in an individual associated with it
- Complete a MAR Chart correctly
- Describe how and who to report on use of medications and problems associated with medication

Understanding procedures, guidance and techniques for the administration of medication

- Describe the routes by which medication can be administered
- Describe different forms in which medication may be presented
- Describe materials and equipment that can assist in administering medication via the different routes
- Select, check and prepare correctly the medication according to the medication administration record or medication information leaflet
- Understand the required process for altering the way that prescribed medication is given
- Understand the reasons for and implications of giving covert medication

Knowledge of how to prepare for the administration of medication

- Understand the use of when required medicines
- Apply standard precautions for infection control
- Understand the requirements to give medicines by mouth; ear, eye and nose drops; inhalers; those applied to the skin
- Recognise which medicines are given by specialist/invasive techniques and the limitations of the care worker role for these medicines

Understanding of how to administer and monitor individual's medication

- Demonstrate how to address any practical difficulties that may arise when medication is used
- Describe the actions needed in the result of administration error or near-miss
- Describe the common adverse reactions to medication, how each can be recognised and the appropriate action(s) required
- Select the route for the administration of medication, according to the person's care plan and the drug to be administered
- Safely administer the medication in line with local policies and with dignity and respect to the person receiving care
- Describe how to report any immediate problems with the administration
- Monitor the person's condition throughout, recognise any adverse effects and take the appropriate action
- Explain why it is necessary to confirm that the person takes the medication and does not pass it to others